

## NORTH DAKOTA STATE BOARD OF LAW EXAMINERS

### Accommodations Forms for Applicants with Disabilities

Dear Applicant:

It is the policy of the North Dakota State Board of Law Examiners to administer the bar examination and all other services of this office in a manner that does not discriminate against qualified applicants with disabilities. A qualified applicant with a disability who is otherwise eligible to take the bar examination, but who cannot demonstrate under standard testing conditions that he/she possesses the knowledge and skills to be admitted to the Bar of the State of North Dakota, may request reasonable testing accommodations.

The Board will make reasonable modifications in any policy, practice, or procedure which might otherwise deny equal access to individuals with disabilities. Such modifications will be made unless a fundamental alteration in the examination or other admission requirement would result. In order to accomplish this, the Board will furnish additional testing time, as well as auxiliary aids and services to ensure effective communication. Charges will not be assessed to individuals with disabilities to cover the costs of reasonable accommodations.

Individuals with disabilities will not be tested separately from other examinees, unless necessary to ensure the test is equally effective for all examinees. If the individual prefers not to accept a reasonable accommodation, the Board will not require that the accommodation be accepted.

This packet of materials has been prepared for individuals with disabilities who request accommodations for the North Dakota State Bar Examination. It is important that you review these materials before you apply for the bar examination so that you will know what your responsibilities are and what information is required from you. If you have any questions about this process, please call the office of the State Board of Law Examiners at (701) 328-4201.

Applicants who request accommodations are encouraged to apply for the bar examination and submit the required forms well in advance of the deadline. Sending your accommodations request in early should facilitate your planning and preparation. **The final postmark deadline for all applications and documentation is 90 days prior to the opening day of the bar examination. Please note, there are no exceptions to this deadline unless unusual circumstances arise after the deadline which can be reasonably accommodated.**

**You must request an accommodation, in writing, each time you register for the North Dakota State Bar Examination, even if you have previously requested an accommodation and that request has been granted.**

For those applicants with a disability who are able to test in a standard room with an accommodation, documentation still needs to be submitted. Examples of individuals who can test in a standard room are test takers who require wheelchair accessible facilities (test rooms), applicants who require the large print test format and/or the large print answer sheet, and hearing impaired individuals who need to be seated in the front of the test room and have access to a written copy of the spoken instructions. Any deviation from the standard administration needs to be approved through the accommodated testing process.

## Steps To Follow When Requesting Accommodations

Note: Requests for accommodations cannot be considered until the following are received by the State Board of Law Examiners: a completed bar examination application with accompanying payment, a completed Applicant Questionnaire, and the Disability Documentation Form completed by a physician or licensed professional, who is familiar with the impact of your disability and your ability to perform on the bar examination or other similar timed, standardized admission tests.

The following checklist has been prepared to facilitate your completion of each required step.

\_\_\_\_\_ 1. Complete the Application for the North Dakota State Bar Examination.

If you submitted an application prior to submitting all required accommodation request forms, please include a statement informing the State Board of Law Examiners that your application was mailed under separate cover.

\_\_\_\_\_ 2. Complete the enclosed "Applicant Questionnaire", (Form A, Page 1 through 5). **You are advised to retain a copy of the documents sent to the State Board of Law Examiners in connection with your request for accommodations.**

\_\_\_\_\_ 3. Please have a professional who is licensed to diagnose and treat your disability complete all applicable sections of the enclosed Form B, Page 1 through 5, and if you are requesting accommodation for a learning disability Form B-LD, Page 1 through 4. **This information is required before the Board will consider a request for accommodations.**

\_\_\_\_\_ 4. Return all medical and general Releases required as part of the Application process.

**Return all forms to: State Board of Law Examiners  
First Floor, Judicial Wing  
600 East Boulevard Avenue, Dept. 180  
Bismarck ND 58505-0530**

**The State Board of Law Examiners reserves the right to make the final judgment concerning requested accommodations. The State Board of Law Examiners will send you written notification regarding accommodations. The State Board of Law Examiners alone has the right to modify accommodations granted to test takers. Unauthorized changes to approved accommodations made by the testing supervisor or the candidate may result in an invalidation of the applicant's test score.**

## Form A

### BAR APPLICANT TESTING ACCOMMODATIONS QUESTIONNAIRE

**Note:** This form is part of the Application for Admission to the Bar of North Dakota. It must be complete and accurate. Return the forms with your Application for Admission.

(Please Print or Type)

#### Background Information:

Name: \_\_\_\_\_

Social Security or Social Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Requested Exam Date: \_\_\_\_\_

Please check box, if applicable ☐ - I have previously submitted documentation of my disability for the North Dakota Bar Examination. Exam date for which documentation is on file: \_\_\_\_\_.

#### Nature of Your Disability (Check all that apply):

☐ Blind

☐ Other physical disability

☐ Visually impaired

☐ Psychological disability

☐ Hearing impaired

☐ Specific learning disability

What disability do you have?

Please give a detailed narrative description of the nature and extent of your disability.

Describe the functional limitations related to your disability that directly affect your ability to take the examination.

When did you first acquire the disability (approximate date and age)?

When was the disability first diagnosed by a treating professional (date and age)?

By whom (name, address and degree)?

What treatment is currently prescribed?

**Past Accommodations Granted:**

Were you granted testing accommodations for taking the **SAT, ACT, LSAT, MPRE** examinations, or any other **bar examination**? ☐ Yes ☐ No If yes, please specify the test and describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:

Were you granted testing accommodations in **law school**? ☐ Yes ☐ No If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:

Did you use disabled-student services, tutoring services or receive special test accommodations while you were enrolled in **college**? ☐ Yes ☐ No If yes, please describe the condition or diagnosis for which accommodations were granted and the type of accommodations received:

*If you answered "yes" to any of the above questions, please attach any records or other documentation concerning the diagnosis and the accommodations granted. Medical records or documentation of long-standing accommodations is helpful.*

## Accommodations Requested

Note: Applicants with like accommodations may be tested in the same room. All standard test center regulations will apply to accommodated administrations, unless specifically modified in writing by the State Board of Law Examiners.

**Communications and Alternative Formats** (If you do not complete this section, the regular print test book will be used.)

	<u>MEE/MPT*</u>	<u>MBE*</u>
Braille	<input type="checkbox"/>	<input type="checkbox"/>
Magnifying glass	<input type="checkbox"/>	<input type="checkbox"/>
Audio cassette version of exam	<input type="checkbox"/>	<input type="checkbox"/>
Large print exam materials	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 18 pt. <input type="checkbox"/> 24 pt.		

## **Personal Assistance**

	<u>MEE/MPT</u>	<u>MBE</u>
Typist	<input type="checkbox"/>	<input type="checkbox"/>
Reader	<input type="checkbox"/>	<input type="checkbox"/>
Use of a recorder	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with computer	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If requesting special equipment or personal items in the test room, (e.g., medications, special chair, special lighting), please describe:

## **Additional Test Time**

If you are seeking additional test time, you must specify the amount of **additional time** requested for each 3-hour testing session. Please note the State Board of Law Examiners does not offer an untimed test.

<b>Portion</b>	<b>Additional Time Requested</b>
MPT (AM - Day 1)	_____
MEE (PM - Day 1)	_____
MBE (AM - Day 2)	_____
MBE (PM - Day 2)	_____

**\*MEE - Multistate Essay Examination; MPT - Multistate Performance Test; MBE - Multistate Bar Examination**

### **Additional Rest Time**

If you are seeking additional rest time, you must specify the amount of **additional time** requested for each 75-minute lunch break scheduled between the first and second session on the first day and the third and fourth session on the second day of the exam.

<b>Day</b>	<b>Additional Rest Time Requested</b>
1	_____
2	_____

### **Limited Testing Time**

If you are seeking to limit the length of the test day, specify your time limitations for each test day and reasons for limitations.

Other accommodations requested. Please be specific:

### **Applicant's Signature**

I certify that all of the information on this form is true and correct and I understand that it may be reviewed by a physician or licensed professional.

_____ Signature	_____ Date
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If you are unable to sign this form, please have someone sign and date in your presence.

_____ Signature	_____ Date
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***The North Dakota State Board of Law Examiners reserves the right to  
make final judgment concerning testing accommodations.***

**AUTHORIZATION FOR RELEASE OF  
MEDICAL INFORMATION AND/OR  
INFORMATION OF ADDICTION EVALUATION/TREATMENT**

The undersigned applicant for admission to the North Dakota Bar hereby requests and authorizes

\_\_\_\_\_  
(NAME OF PROGRAM OR DOCTOR)

to release the records pertaining to evaluation, diagnosis, recommendations and/or treatment regarding me to the North Dakota State Board of Law Examiners and/or its representatives or the National Conference of Bar Examiners for use in evaluating my admission to the North Dakota Bar.

This consent to release is subject to revocation at any time, except to the extent that the program or doctor named above which is to make the disclosure has already taken action in reliance on it, and will expire twelve months from the date hereof, if not previously revoked.

I hereby release, discharge and exonerate the North Dakota State Board of Law Examiners, its agents and representatives, the National Conference of Bar Examiners, and \_\_\_\_\_

\_\_\_\_\_  
(NAMES AND ADDRESS OF INSTITUTION PROGRAM OR DOCTOR)

its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the North Dakota State Board of Law Examiners and/or the National Conference of Bar Examiners.

Information regarding alcohol or drug abuse is being disclosed to the North Dakota State Board of Law Examiners from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit the program or doctor named above from making further disclosure of this information unless further disclosure is expressly permitted by my written consent or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Date: \_\_\_\_\_

\_\_\_\_\_  
(APPLICANT)

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Seal or Stamp must be affixed

**Forms B and/or Form B-LD must be completed by your physician or licensed professional.**

**State Board of Law Examiners of North Dakota**

First Floor, Judicial Wing  
600 East Boulevard Avenue, Dept. 180  
Bismarck, ND 58505-0530  
Telephone (701) 328-4201  
Facsimile (701) 328-4480  
TDDY (701) 328-2884

TO: Physician/Licensed Treating Professional

FR: Penny Miller, Secretary-Treasurer

DATE: January 2007

RE: Description of the North Dakota Bar Examination

It is the policy of the North Dakota State Board of Law Examiners to administer the bar examination in a manner that is fair to all. Disabled applicants who need test accommodations will be given reasonable accommodations. The Board will use your documentation to determine the existence of a disability and to decide the reasonable testing accommodation for that disability. Please use the attached forms to describe the applicant's disability and the specific accommodations you recommend.

The following is a description of the North Dakota Bar Examination under standard test conditions. Use this as a baseline in recommending special testing accommodations for a disabled applicant.

- A passing score on the North Dakota Bar Examination is required for admission to practice law in North Dakota. The bar examination is a two-day exam. It is administered in July and February each year in Bismarck. Approximately 40-50 people take the exam in July and 10-20 in February. Applicants are typically seated at six or eight-foot tables (one to two applicants per table).
- Under standard testing conditions, examinees generally may not bring food into the examination area, but beverages are permitted, and the examinees are permitted to leave their seats to go to the restroom. There is a 60-75 minute lunch break on each day.
- The first day of the examination includes two 90-minute performance exams within a three-hour morning session. The three-hour afternoon session includes six essay questions. Applicants handwrite or type the performance and essay portions of the examination. The average examinee handwrites a 4 to 8 page answer to the performance test questions, and a 3 to 5 page answer to each of the 6 essay questions. Personal computers are not used, however, word processors with memory, dictionary and spell check features disengaged have been allowed with restrictions.
- On the second test day, a 200-question multiple choice examination is administered, with 100 questions answered in a three-hour morning session, and 100 questions answered in a three-hour afternoon session. The answers are marked by using a pencil to blacken the appropriate circle.

If you have additional questions regarding the examination or regarding the type of accommodations you plan to recommend, please feel free to call me at (701) 328-4201



## Form B

### DISABILITY DOCUMENTATION FOR TESTING ACCOMMODATIONS

(To be Completed by a Physician or Licensed Professional)

**Note:** The State Board of Law Examiners of North Dakota requires current medical or learning disability documentation generally within the last two years. A licensed physician or other professional in the field related to the applicant's disability, and who is familiar with the applicant's disability and its impact on his/her ability to perform on the North Dakota State Bar Examination, (or other similar timed, standardized admission tests), must complete this form. The applicant must return this form with his/her completed Application for Admission to the Bar of North Dakota.

(Please Type or Print Legibly)

**Physician or Licensed Professional:**

Name: \_\_\_\_\_

Occupation, Title & Specialty: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

RE: Applicant Name: \_\_\_\_\_

Please describe your credential(s) which qualify you to diagnose and/or verify the applicant's disability and to recommend an accommodation.

What is the specific diagnosis of the condition, or impairment that requires the applicant to request testing accommodations?

Briefly describe the nature of the impairment and describe how the impairment affects the applicant in a test situation.

Current treatment consists of: (Copies of chart notes are strongly recommended. Please attach if applicable. This information will greatly facilitate our evaluation.)

Last date of treatment/date of consultation with applicant:

Length of treatment with applicant:

Is this a permanent condition?

Yes: ☐

No: ☐

If no, when is the condition/disability likely to abate?

In what way(s) does the condition/disability prevent the applicant from taking the examination under standard testing conditions? (Two 3-hour sessions given over 2 consecutive test days.)

Is the applicant following the prescribed course of treatment? Yes: ☐

No: ☐

In what way does the prescribed course of treatment improve the applicant's ability to read, write and/or concentrate for extended periods of time?

Given the applicants condition/disability and your diagnosis/prognosis, what testing accommodations do you recommend? (Check all that apply.)

	<u>MEE/MPT*</u>	<u>MBE*</u>
Braille	<input type="checkbox"/>	<input type="checkbox"/>
Magnifying glass	<input type="checkbox"/>	<input type="checkbox"/>
Audio cassette version of exam	<input type="checkbox"/>	<input type="checkbox"/>
Large print exam materials	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 18 pt. <input type="checkbox"/> 24 pt.		

**Personal Assistance**

	<u>MEE/MPT</u>	<u>MBE</u>
Typist	<input type="checkbox"/>	<input type="checkbox"/>
Reader	<input type="checkbox"/>	<input type="checkbox"/>
Use of a recorder	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with computer	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

If you are recommending that the applicant bring special equipment or personal items into the test room, (e.g., medications, special chair, special lighting), please describe:

**Additional Test Time Requested**

<b>Portion</b>	<b>Additional Time Requested</b>
MPT (AM - Day 1)	_____
MEE (PM - Day 1)	_____
MBE (AM - Day 2)	_____
MBE (PM - Day 2)	_____

Explain why additional time is needed.

**\*MEE - Multistate Essay Examination; MPT - Multistate Performance Test; MBE - Multistate Bar Examination**

### **Limited Testing Time**

If you are recommending that the applicant limit the length of his/her test day, specify the requested time limitations for each test day and indicate why time limitations are required. The State Board of Law Examiners does not offer an untimed examination.

Other accommodations requested. Please be specific.

In what way will the recommended accommodation compensate for the disability?

**Please submit any reports, chart notes or any other written documentation that supports or explains this diagnosis of disability and/or recommendation for accommodations.**

I certify that all the information provided on this form is true and correct to the best of my knowledge and belief, and I understand this information may be reviewed by a physician or licensed professional retained by the State Board of Law Examiners to assist in determining reasonable testing accommodations.

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Signature of Physician/Licensed Professional

Name (print)

Date

***The North Dakota State Board of Law Examiners reserves the right to make final judgment concerning testing accommodations.***

## Form B-LD

### REASONABLE TESTING ACCOMMODATIONS

#### Supplemental Documentation for Learning Disabilities

#### (To be Completed by a Licensed Professional)

**Dear Physician or Licensed Professional:** Thank you for completing this form. Board policy requires that an applicant with a specific learning disability must have been identified by a psycho-educational assessment process that includes data from both cognitive and achievement measures listed below. Testing should also:

1. have been administered within the last two years;
2. identify an information processing deficit;
3. certify the applicant's intellectual ability is within the normal range;
4. identify a significant discrepancy between aptitude and achievement.

**(Please Type or Print Legibly)**

Applicant Name: \_\_\_\_\_

Nature and extent of impairment:

Summary of diagnosis:

#### **Background Information**

How does the applicant's disability currently present itself?

What is the academic and developmental history of the disability? (Attach any relevant documents, e.g. assessment summaries, IEP's from earlier records, etc.)

List relevant family history.

What remediation has been attempted and what were the results?

Were other diagnoses ruled out?

What fundamental limits does the disability impose? (Occupationally, socially or psychologically)

Indicate below the specific tests and scores used to identify the specific learning disabilities:

**COGNITIVE ASSESSMENT:**

**Date Cognitive Assessment Completed:** \_\_\_\_\_

**WECHSLER ADULT INTELLIGENCE SCALE III (WAIS-III)**

Verbal IQ:	_____	Performance IQ:	_____	Full Scale IQ:	_____
Verbal Comprehension	_____	Perceptual Organization	_____	Working Memory	_____
Index:	_____	Index:	_____	Index:	_____
Processing Speed Index:	_____				

**Age Adjusted Scaled Scores:**

Vocabulary	_____	Picture Completion	_____
Similarities	_____	Digit Symbol Coding	_____
Arithmetic	_____	Block Design	_____
Digit Span	_____	Matrix Reasoning	_____
Information	_____	Picture Arrangement	_____
Comprehension	_____	Symbol Search	_____
Letter-Number	_____		
Sequencing	_____	Object Assembly	_____

**WECHSLER MEMORY SCALE - III**

**Index Scores**

Auditory Immediate	_____	Immediate Memory	_____
Auditory Delayed	_____	General Memory	_____
Visual Immediate	_____	Working Memory	_____
Visual Delayed	_____	Auditory Recognition	_____
		Delayed	_____

**Age Adjusted Scaled Scores**

Logical Memory I	_____	Information/Orientation	_____
Logical Memory II	_____	(Raw Score)	_____
Logical Memory II	_____	Verbal Paired Associates I	_____
Recognition	_____	First Recall Total Score	_____
Faces I	_____	Learning Slope	_____
Faces II	_____	Verbal Paired Associates II	_____

Family Pictures I \_\_\_\_\_  
 Family Pictures II \_\_\_\_\_  
 Visual Reproduction I \_\_\_\_\_  
 Visual Reproduction II \_\_\_\_\_  
 Visual Reproduction II \_\_\_\_\_  
 Recognition \_\_\_\_\_  
 Visual Reproduction II \_\_\_\_\_  
 Copy \_\_\_\_\_  
 Digit Span \_\_\_\_\_  
 Spatial Span \_\_\_\_\_  
 Mental Control \_\_\_\_\_  
 Letter-Number \_\_\_\_\_  
 Sequencing \_\_\_\_\_

Verbal Paired Associates II \_\_\_\_\_  
 Recognition \_\_\_\_\_  
 Word List I \_\_\_\_\_  
 First Recall Total Score \_\_\_\_\_  
 Recall Total Score \_\_\_\_\_  
 Learning Slope \_\_\_\_\_  
 Contrast 1 \_\_\_\_\_  
 Contrast 2 \_\_\_\_\_  
 Word List II \_\_\_\_\_  
 Recall Total Score \_\_\_\_\_  
 Recognition Total Score \_\_\_\_\_

**WOODCOCK-JOHNSON PSYCHO-EDUCATIONAL BATTERY-REVISED - PART 1: COGNITIVE STANDARD SCORES ONLY:**

Full Scale Broad Cognitive _____	Processing Speed _____
Reading Aptitude _____	Auditory Processing _____
Math Aptitude _____	Visual Processing _____
Written Language Aptitude _____	Short Term Memory _____
Other _____	Other _____

**PROCESSING DEFICIT ASSESSMENT:**

<u>Test</u>	<u>Sub-Test</u>	<u>Standard/Scaled Scores</u>
WAIS-III	_____	_____
	_____	_____
WOODCOCK	_____	_____
JOHNSON-R	_____	_____
WECHSLER MEMORY	_____	_____
SCALE	_____	_____
OTHER	_____	_____

**ACHIEVEMENT ASSESSMENT: (Date achievement assessment completed: \_\_\_\_\_)**

<u>Test</u>	<u>Sub-Test</u>	<u>Standard/Scaled Scores</u>
WOODCOCK	_____	_____
JOHNSON-R	_____	_____
	_____	_____
WRAT III	_____	_____
	_____	_____
NELSON-DENNY	_____	_____
	_____	_____
OTHER	_____	_____

**APTITUDE-ACHIEVEMENT DISCREPANCY**

**Aptitude Measure/Subtest(s)**

**Standard Score**

**Achievement  
Measure/Subtest(s)**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If other tests were used, please indicate the results of those tests on a separate page or in a separate report.**

How will this condition be ameliorated by the recommended test accommodation?

I certify that all the information provided on this form is true and correct to the best of my knowledge and belief, and I understand this information may be reviewed by a physician or licensed professional retained by the State Bar Board to assist in determining reasonable testing accommodations.

\_\_\_\_\_  
Signature of Licensed Professional

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

***The North Dakota State Board of Law Examiners reserves the right to make the final judgment as to the sufficiency of any and all documentation.***



## Form C

### LAW SCHOOL STATEMENT

#### Regarding Testing Accommodations Granted

\_\_\_\_\_  
Applicant Name

The above named applicant received testing accommodations for the following disability(s) while taking exams at this school:

during the following periods:

The testing accommodations provided are described as follows:

Was medical documentation provided by the student or medical professional when the accommodation was first requested?

What medical documentation was provided?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Law School

\_\_\_\_\_  
Telephone #